

**HUMAN SERVICES DEPARTMENT[441]**

**Notice of Intended Action**

**Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”**

**Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.**

Pursuant to the authority of Iowa Code chapter 331 and 2012 Iowa Acts, chapter 1120, section 15, the Department of Human Services proposes to amend Chapter 25, “Disability Services Management,” Iowa Administrative Code.

The proposed amendments define core services that mental health and disability services (MHDS) regions must offer to eligible individuals. Access standards and provider practice standards for these services are also defined. The proposed amendments are not definitive of all possible services an MHDS region may provide. An MHDS region may provide other services, and the proposed amendments identify the requirements an MHDS region must meet when its ability to provide other services is determined.

2012 Iowa Acts, chapter 1120, section 15, requires that the Department define regional core services. The proposed amendments provide that MHDS regions must identify and contract with core service providers to ensure adequate access to service providers and that regions must also incorporate this information into their regional service system management plans.

Any interested person may make written comments on the proposed amendments on or before August 13, 2013. Comments should be directed to Harry Rossander, Bureau of Policy Coordination, Department of Human Services, Hoover State Office Building, 1305 East Walnut Street, Des Moines, Iowa 50319-0114. Comments may be sent by fax to (515)281-4980 or by e-mail to [policyanalysis@dhs.state.ia.us](mailto:policyanalysis@dhs.state.ia.us).

These amendments do not provide for waivers in specified situations because requests for the waiver of any rule may be submitted under the Department’s general rule on exceptions at 441—1.8(17A,217).

After analysis and review of this rule making, it has been determined that there will be a positive impact on private sector jobs. MHDS regions will be able to assess the workforce needs for their MHDS region including adequately trained and qualified professionals.

These amendments are intended to implement Iowa Code chapter 331 and 2012 Iowa Acts, chapter 1120, section 15.

The following amendments are proposed.

ITEM 1. Amend **441—Chapter 25**, Preamble, as follows:

PREAMBLE

This chapter provides for definitions of regional core services, access and practice standards, reporting of county expenditures, development and submission of management plans, data collection, and applications for funding as they relate to county service systems for people with mental illness, chronic mental illness, intellectual disabilities, developmental disabilities, or brain injury.

ITEM 2. Adopt the following new Division I title in **441—Chapter 25**:

DIVISION I  
REGIONAL CORE SERVICES

ITEM 3. Adopt the following new rules 441—25.1(331) to 441—25.4(331):

**441—25.1(331) Definitions.**

*“Assertive community treatment”* means a program of comprehensive outpatient services provided in the community directed toward the amelioration of symptoms and the rehabilitation of behavioral, functional, and social deficits of individuals with severe and persistent mental disorders and individuals with complex symptomatology who require multiple mental health and supportive services to live in the community consistent with evidence-based practice standards published by the Substance Abuse and Mental Health Services Administration.

*“Assessment and evaluation”* means the clinical review by a mental health professional of the current functioning of the individual using the service in regard to the individual’s situation, needs, strengths, abilities, desires and goals to determine the appropriate level of care.

*“Case management”* means service provided by a case manager who assists individuals in gaining access to needed medical, social, educational, and other services through assessment, development of a care plan, referral, monitoring and follow-up using a strengths-based service approach that helps individuals achieve specific desired outcomes leading to a healthy self-reliance and interdependence with their community.

*“Case manager”* means a person who has completed specified and required training to provide case management through the medical assistance program or the Iowa Behavioral Health Care Plan.

*“Community-based crisis intervention service”* means a program designed to stabilize an acute crisis episode and to restore an individual and family to their pre-crisis level of functioning. Crisis services are available 24 hours a day, 365 days a year, including telephone and walk-in crisis service and crisis care coordination.

*“Crisis care coordination”* means a service provided during an acute crisis episode that facilitates working together to organize a plan and service transition programing, including working agreements with inpatient behavioral health units and other community programs. The service shall include referrals to mental health services and other supports necessary to maintain community-based living capacity, including case management as defined herein.

*“Crisis evaluation”* means the process used with an individual to collect information related to the individual’s history and needs, strengths, and abilities in order to determine appropriate services or referral during an acute crisis episode.

*“Day habilitation”* means services that assist or support the individual in developing or maintaining life skills and community integration. Services shall enable or enhance the individual’s functioning, physical and emotional health and development, language and communication development, cognitive functioning, socialization and community integration, functional skill development, behavior management, responsibility and self-direction, daily living activities, self-advocacy skills, or mobility.

*“Emergency service”* means the same as defined in rule 441—88.21(249A).

*“Evidence-based services”* means using interventions that have been rigorously tested, have yielded consistent, replicable results, and have proven safe, beneficial and effective and have established standards for fidelity of the practice.

*“Family psychoeducation”* means services including the provision of emotional support, education, resources during periods of crisis, and problem-solving skills consistent with evidence-based practice standards published by the Substance Abuse and Mental Health Services Administration.

*“Family support”* means services provided by a family support peer specialist that assist the family of an individual to live successfully in the family or community including, but not limited to, education and information, individual advocacy, family support groups, and crisis response.

*“Family support peer specialist”* means a parent, primary caregiver, foster parent or family member of an individual who has successfully completed standardized training to provide family support through the medical assistance program or the Iowa Behavioral Health Care Plan.

*“Group supported employment”* means the job and training activities in business and industry settings for groups of no more than eight workers with disabilities. Group settings include enclaves,

mobile crews, and other business-based workgroups employing small groups of workers with disabilities in integrated, sustained, paid employment.

*“Health homes”* means a service model that facilitates access to an interdisciplinary array of medical care, behavioral health care, and community-based social services and supports for both children and adults with chronic conditions. Services may include comprehensive care management; care coordination and health promotion; comprehensive transitional care from inpatient to other settings, including appropriate follow-up; individual and family support, which includes authorized representatives; referral to community and social support services, if relevant; and the use of health information technology to link services, as feasible and appropriate.

*“Home and vehicle modification”* means a service that provides physical modifications to the home or vehicle that directly address the medical health or remedial needs of the individual that are necessary to provide for the health, welfare, and safety of the member and to increase or maintain independence.

*“Home health aide services”* means unskilled medical services which provide direct personal care. This service may include assistance with activities of daily living, such as helping the recipient to bathe, get in and out of bed, care for hair and teeth, exercise, and take medications specifically ordered by the physician.

*“Illness management and recovery”* means a broad set of strategies designed to help individuals with serious mental illness collaborate with professionals, reduce the individuals’ susceptibility to the illness, and cope effectively with the individuals’ symptoms consistent with evidence-based practice standards published by the Substance Abuse and Mental Health Services Administration.

*“Individual”* means any person seeking or receiving services in a regional service system.

*“Individual supported employment”* means services including ongoing supports needed by an individual to acquire and maintain a job in the integrated workforce at or above the state’s minimum wage. The outcome of this service is sustained paid employment that meets personal and career goals.

*“Job development”* means services that assist individuals in preparing for, securing and maintaining gainful, competitive employment. Employment shall be integrated into normalized work settings, shall provide pay of at least minimum wage, and shall be based on the individual’s skills, preferences, abilities, and talents. Services assist individuals seeking employment to develop or re-establish skills, attitudes, personal characteristics, interpersonal skills, work behaviors, and functional capacities to achieve positive employment outcomes.

*“Medication management”* means services provided directly to or on behalf of the individual by a licensed professional as authorized by Iowa law including, but not limited to, monitoring effectiveness of and compliance with a medication regimen; coordination with care providers; investigating potentially negative or unintended psychopharmacologic or medical interactions; reviewing laboratory reports; and activities pursuant to licensed prescriber orders.

*“Medication prescribing”* means services with the individual present provided by an appropriately licensed professional as authorized by Iowa law including, but not limited to, determining how the medication is affecting the individual; determining any drug interactions or adverse drug effects on the individual; determining the proper dosage level; and prescribing medication for the individual for the period of time before the individual is seen again.

*“Mental health outpatient therapy”* means the same as defined in Iowa Code section 230A.106(2)“a.”

*“Mental health professional”* means the same as defined in Iowa Code section 228.1(6).

*“Peer support services”* means a program provided by a peer support specialist including but not limited to education and information, individual advocacy, family support groups, crisis response, and respite to assist individuals in achieving stability in the community.

*“Peer support specialist”* means an individual who has experienced a severe and persistent mental illness and who has successfully completed standardized training to provide peer support services through the medical assistance program or the Iowa Behavioral Health Care Plan.

*“Permanent supportive housing”* means voluntary, flexible supports to help individuals with psychiatric disabilities choose, get, and keep housing that is decent, safe, affordable, and integrated into the community. Tenants have access to an array of services that help them keep their housing, such as

case management, assistance with daily activities, conflict resolution, and crisis response consistent with evidence-based practice standards published by the Substance Abuse and Mental Health Services Administration.

*“Personal emergency response system”* means an electronic device connected to a 24-hour staffed system which allows the individual to access assistance in the event of an emergency.

*“Prevocational services”* means services that focus on developing generalized skills that prepare an individual for employment. Prevocational training topics include but are not limited to attendance, safety skills, following directions, and staying on task.

*“Reasonably close proximity”* means a distance of 100 miles or less or a driving distance of two hours or less from the county seat or county seats of the region.

*“Respite services”* mean a brief period of rest and support for individuals and their families provided in a variety of settings. The intent is to provide a safe environment with staff assistance for individuals who lack an adequate support system to address current issues related to a disability. Respite may be provided for a defined period of time; respite is either planned or provided in response to a crisis.

*“Routine care”* means the same as defined in rule 441—88.21(249A).

*“Rural”* means any area that is not defined as urban.

*“Strengths-based case management”* means a service that focuses on possibilities rather than problems and strives to identify and develop strengths to assist individuals reach their goals leading to a healthy self-reliance and interdependence with their community. Identifiable strengths and resources include family, cultural, spiritual, and other types of social and community-based assets and networks.

*“Supported community living services”* means services as defined in Iowa Code section 225C.21(1).

*“Supported employment”* means an approach to helping individuals participate as much as possible in competitive work in integrated work settings that are consistent with the strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the individuals. Services are targeted for individuals with significant disabilities for whom competitive employment has not traditionally occurred; or for whom competitive employment has been interrupted or intermittent as a result of a significant disability including either individual or group supported employment, or both, consistent with evidence-based practice standards published by the Substance Abuse and Mental Health Services Administration.

*“Telephone crisis service”* means a program that operates a crisis hotline either directly or through a contract. The service shall be available 24 hours a day and seven days a week including, but not limited to, relief of distress in pre-crisis and crisis situations, reduction of the risk of escalation, arrangements for emergency on-site responses when necessary, and referral of callers to appropriate services.

*“Trauma-focused services”* means services provided by caregivers and professionals that recognize when an individual who has been exposed to violence is in need of help to recover from adverse impacts; recognize and understand the impact that exposure to violence has on victims’ physical, psychological, and psychosocial development and well-being; and respond by helping in ways that reflect awareness of adverse impacts and consistently support the individual’s recovery.

*“Trauma-informed care”* means services that are based on an understanding of the vulnerabilities or triggers of those who have expressed violence, that recognize the role violence has played in the lives of those individuals, that are supportive of recovery, and that avoid retraumatization including trauma-focused services and trauma-specific treatment.

*“Trauma-specific treatment”* means services provided by a mental health professional using therapies that are free from the use of coercion, restraints, seclusion and isolation; and designed specifically to promote recovery from the adverse impacts of violence exposure on physical, psychological, psychosocial development, health and well-being.

*“Urban”* means a county that has a total population of 50,000 or more residents or includes a city with a population of 20,000 or more.

*“Urgent nonemergency need”* means the same as defined in rule 441—88.21(249A).

*“Walk-in crisis service”* means a program that provides unscheduled face-to-face support and intervention at an identified location or locations. The service may be provided directly by the program or through a contract with another mental health provider.

**441—25.2(331) Core service domains.**

**25.2(1)** The region shall ensure that the following services are available in the region:

- a.* Assessment and evaluation.
- b.* Case management.
- c.* Crisis evaluation.
- d.* Day habilitation.
- e.* Family support.
- f.* Health homes.
- g.* Home and vehicle modification.
- h.* Home health aide.
- i.* Job development.
- j.* Medication prescribing and management.
- k.* Mental health inpatient treatment.
- l.* Mental health outpatient treatment.
- m.* Peer support.
- n.* Personal emergency response system.
- o.* Prevocational services.
- p.* Respite.
- q.* Supported employment.
- r.* Supportive community living.
- s.* Twenty-four-hour access to crisis response.

Regions may fund or provide other services in addition to the required core services consistent with requirements set forth in subrules 25.2(2) and 25.2(3).

**25.2(2)** A regional service system shall consider the scope of services included in addition to the required core services. Each service included shall be described and projection of need and the funding necessary to meet the need shall be included.

**25.2(3)** A regional service system may provide funding for other appropriate services or other support. In considering whether to provide such funding, a region may consider the following criteria:

- a.* Applying a person-centered planning process to identify the need for the services or other support.
- b.* The efficacy of the services or other support is recognized as an evidence-based practice, is deemed to be an emerging and promising practice, or providing the services is part of a demonstration and will supply evidence as to the effectiveness of the services.
- c.* A determination that the services or other support provides an effective alternative to existing services that have been shown by the evidence base to be ineffective, to not yield the desired outcome, or to not support the principles outlined in *Olmstead v. L.C.*, 527 U.S. 581.

**441—25.3(331) Access standards.** The region shall include:

**25.3(1)** A sufficient provider network which shall include:

- a.* A community mental health center or federally qualified health center that provides psychiatric and outpatient mental health services in the region.
- b.* A hospital with an inpatient psychiatric unit or state mental health institute located in or within reasonably close proximity that has the capacity to provide inpatient services to the applicant.

**25.3(2)** Crisis services shall be available 24 hours per day, seven days per week, 365 days per year for mental health and disability-related emergencies.

**25.3(3)** The region shall provide the following treatment services:

- a.* Outpatient.
  - (1) Emergency: During an emergency, outpatient services shall be initiated to an individual within 15 minutes of telephone contact.
  - (2) Urgent: Outpatient services shall be provided to an individual within one hour of presentation or 24 hours of telephone contact.

(3) Routine: Outpatient services shall be provided to an individual within four weeks of request for appointment.

(4) Distance: Outpatient services shall be offered within 30 miles for an individual residing in an urban community and 45 miles for an individual residing in a rural community.

*b.* Inpatient.

(1) An individual in need of emergency inpatient services shall receive treatment within 24 hours.

(2) Inpatient services shall be available within reasonably close proximity to the region.

*c.* Assessment and evaluation. An individual who has received inpatient services shall be assessed and evaluated within four weeks.

**25.3(4)** A region shall provide the following basic crisis response:

*a.* Twenty-four-hour access to crisis response, 24 hours per day, seven days per week, 365 days per year.

*b.* Crisis evaluation within 24 hours.

**25.3(5)** Support for community living. The first appointment shall occur within four weeks of the individual's request of support for community living.

**25.3(6)** Support for employment. The initial referral shall take place within 60 days of the individual's request of support for employment.

**25.3(7)** Recovery services. An individual receiving recovery services shall not have to travel more than 30 miles if residing in an urban area or 45 miles if residing in a rural area to receive services.

**25.3(8)** Service coordination:

*a.* An individual receiving service coordination shall not have to travel more than 30 miles if residing in an urban area or 45 miles if residing in a rural area to receive services.

*b.* An individual shall receive service coordination within 10 days of the initial request for such service or being discharged from an inpatient facility.

**25.3(9)** The following limitations apply to home and vehicle modification for an individual receiving mental health and disability services:

*a.* A lifetime limit equal to that established for the home- and community-based services waiver for individuals with intellectual disabilities in the medical assistance program.

*b.* A provider reimbursement payment will be no lower than that provided through the home- and community-based services waiver for individuals with intellectual disabilities in the medical assistance program.

**441—25.4(331) Practices.** A region shall ensure that access is available to providers of core services that demonstrate the following competencies:

**25.4(1)** Regions shall have service providers that are trained to provide effective services to individuals with two or more of the following co-occurring conditions:

*a.* Mental illness.

*b.* Intellectual disability.

*c.* Developmental disability.

*d.* Brain injury.

*e.* Substance use disorder.

Training for serving individuals with co-occurring conditions provided by the region shall be training identified by the Substance Abuse and Mental Health Services Administration, the Dartmouth Psychiatric Research Center or other generally recognized professional organization specified in the regional service system management plan.

**25.4(2)** Regions shall have service providers that are trained to provide effective trauma-informed care. Trauma-informed care training provided by the region shall be recognized by the National Center for Trauma-Informed Care or other generally recognized professional organization specified in the regional service system management plan.

**25.4(3)** Regions must have evidence-based practices that the applicant has independently verified as meeting established fidelity to evidence-based service models including, but not limited to, assertive community treatment or strengths-based case management; integrated treatment of co-occurring

substance abuse and mental health disorders; supported employment; family psychoeducation; illness management and recovery; and permanent supportive housing.

These rules are intended to implement Iowa Code chapter 331 and 2012 Iowa Acts, chapter 1120, section 15.